LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

STATE OF LOUISIANA PARISH OF Terrebonne	X E	
estado technologia (mechanica esta-		
1, Ruly 1 Pice Je., residing	at 120 Menuscine W. (Mailing Address, i	y Monan In Joseph nelading City & Zip Code)
do declare that :		
	i.	700
That this disclosure statement is made purs on January 1st, Acres (Year)	mant to LSA-R.S. 42:1119B(2)(b) for the year beginning
	2.	
That I am a Chief Executive (Sec. Processors Prose Regular Pol at (Name) and have served in this capacity since	Ilospital Service District July 28 /989 (Munth) (Day) (Year)	r (circle one) of the / Public Trust Authority
That my immediate family member, define of children, his brothers, his sisters, the spot his spouse, and the parents of his spouse, i Public Trust Authority. The facts of such	ises of his brothers, the spouses of a comployed by the described Hi comployment are as follows:	of his sisters, his parents, ospital Service District /
one year prior to file	nbor: _sea minte toke toky	Authority for more than
Serving in public om date of the Code of	ployment continuously since Ap Governmental Biblics	ril 1, 1980, the effective
or registered nurse.	trict / Public Trust Authority has he family member is employed	as a licensed physicism
Signature, Ch	iof Executive, Hospital Board I	Member or Commissioner

NOTE: These disclosure statements are due by January 30th of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This is so even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to finicly submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.

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